

2825

MARGIN RESERVED FOR BINDING

N. B.—WRITE ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 2776

Registered No. 482

1. PLACE OF DEATH  
County Maricopa State Arizona  
Township Phoenix or Village 1207 Hess Avenue St.        Ward         
City Phoenix (If death occurred in a hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred        yrs.        mos.        ds. How long in U. S. if of foreign birth?        yrs.        mos.        ds.

2. FULL NAME Fanny Elizabeth Gould Warrington  
(a) Residence: No. 1207 Hess Ave. St.        Ward        (If nonresident give city or town and State)  
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) Married

5a. If married, widowed, or divorced  
HUSBAND of William Howell Warrington  
(or) WIFE of William Howell Warrington

6. DATE OF BIRTH (month, day, and year) Oct 2, 1885

7. AGE	Years	Months	Days	It LESS than 1 day, or min.
	<u>46</u>	<u>7</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.       

10. Date deceased last worked at this occupation (month and year)       

11. Total time (years) spent in this occupation       

12. BIRTHPLACE (city or town) Parowan, Utah  
(State or country)

13. NAME Jacob Brigham Gould

14. BIRTHPLACE (city or town) Parowan, Utah  
(State or country)

15. MAIDEN NAME Phoebe Rebecca Reynold

16. BIRTHPLACE (city or town) Smithfield, Utah  
(State or country)

17. INFORMANT William Howell Warrington  
(Address) Phoenix, Arizona

18. BURIAL, CREMATION, OR REMOVAL  
Place Forest Lawn Date April 28, 1931

19. UNDERTAKER A. L. MOORE & SONS  
(Address) Phoenix, Arizona

20. Filed 4-2, 1931 Registrar W. H. Rausch

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1931 to       , 1931  
I last saw him alive on Apr 21, 1931 death is said to have occurred on the date stated above, at 5:30A.

The principal cause of death and related causes of importance were as follows:  
Neural Arteriosclerosis Date of Onset Apr 19

Other contributory causes of importance:  
      

Name of operation        Date of operation       

What test confirmed diagnosis?        Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?        Date of injury       , 1931  
Where did injury occur?         
(Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury       

Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify        M. D.  
(Signed) W. H. Rausch  
(Address) 403 Goodrich Ave